

REQUEST FOR JUDICIAL TIME

Debtor(s) or Adversary Name(s):

Case Numbers(s):

Adv No: _____

Type of Hearing Requested: _____

Judge:

Hearing Information:

____ Judge Williams

____ By Phone Conference

____ Judge Rossmeyssl

____ In Courtroom/ Location desired _____

____ Judge Klobucher

Testimony Yes ____ No ____ If yes, number of witnesses ____

Notice and Hearing Matters:

Adversary Matters:

Date notice sent _____

Answer filed? Yes ____ No ____

Objections been received? Yes ____ No ____

Motion filed? Yes ____ No ____ Date _____

Has the time period for
objections expired? Yes ____ No ____

List Attorneys Involved

Representing:

Phone (List all numbers)

_____	_____	() _____
(Hearing requested by)		
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

CALENDAR ASSIGNMENT

To: _____ (moving party)

Date: _____ Time: _____ Time Allotted: _____

Judge: _____ Location: _____

NOTICE OF THE HEARING IS TO BE GIVEN PURSUANT TO LOCAL RULES. Indicate the Judge to whom this case has been assigned.

YOUR FAILURE to give notice may result in a cancellation of your hearing without further notice. If your phone number is not listed or is incorrect, please notify this office.

Calendar date sent/given to the requesting party on _____.

NOTICE TO BE GIVEN to opposing counsel by _____.

ASSIGNMENT GIVEN BY _____ Phone # () _____